

CHESTERFIELD INNOVATION CENTRES

INITIAL APPLICATION FORM

IMPORTANT

Please complete all sections as fully as possible and attach your business plan and any additional information you consider relevant in support of your application. All information supplied will be treated in the **STRICTEST OF CONFIDENCE** and will not be disclosed to any outside parties without your **WRITTEN CONSENT**.

Basic Data

Applicant's Name: _____

Position/Title: _____

Home Address: _____

_____ Post Code: _____

Telephone Number: Home: _____ Work: _____

(Please indicate which number should be used for contact: H / W)

email: _____

Company Data

Registration Number: _____ Date of Registration: _____

Company Name: _____

Address: _____

_____ Post Code: _____

Telephone Number: _____ Fax Number: _____

email: _____

url: _____

Registered Address *(If different)* _____

Number of Years Trading: _____ Number of employees: _____

Product or Service

(Please give a general description of the new process, product or service)

How do you believe the business is innovative/unique?

Technical Content

(Please indicate whether the process, product or service is a technical innovation. Indicate whether any patents are being/have been sought or granted)

The Market

(please indicate the proposed market/s for the process, products or service and the basis on which any judgements have been made. Attach any market research carried out.)

Competition

Please indicate the main competitors and the advantages that your process, product or service has over the competition.)

Current Assistance

(Please indicate all agencies or organisations that have been contacted so far [with contact names if possible] and list any grants or awards that have been approved.)

Future Premises Needed

(Please indicate your estimate of building/office/production needs over the next three years based on the projected business development.)

Future Staff Needs

(Please indicate an estimate of new staff needed for the business to develop, with projected positions and time scales if possible.)

Funding

(Please indicate the amount of funding [if any] that you estimate the business will need over the next 12 months; 2 years and 5 years. Please indicate your current expectation of funding sources.)

Assistance Required

(Please indicate what assistance [if any] you consider would be most helpful to achieve the development your process, project or service requires.)

Company Financial Details

Please provide the following summary information if appropriate:

Turnover for the last three years:

Profit before tax:

| Year | Year | Year | Year | Year | Year |
|------|------|------|------|------|------|
| £ | £ | £ | £ | £ | £ |

Please attach a copy of the previous years audited accounts.

Please give the name and address of your company bank and or accountant who would act as a credit reference for you.

Additional Information

Please attach a copy of your current business plan and provide any other additional information you consider relevant to your application e.g. technical brochures.

Please return your application form to:

The Manager
Chesterfield Innovation Centres
richard.harvey@chesterfieldbc.gov.uk

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| Dunston Innovation Centre Dunston Road CHESTERFIELD S41 8NG Tel: 01246 267700 Fax: 01246 269381 | Tapton Park Innovation Centre Brimington Road, Tapton CHESTERFIELD S41 0TZ Tel: 01246 231234, Fax 01246 230055 |
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